

HIV/AIDS in Jamaica and USAID Involvement

Jamaica's history of vigorously confronting HIV/AIDS has led to a slowed trajectory of its epidemic in recent years. Increased condom use, a reduction in sexual partners, continued declines in rates of sexually transmitted infections (STIs), a well-integrated system of contact tracing, and greater involvement of regional, parish and community-level organizations have contributed to this trend. However, the epidemic continues to hit younger Jamaicans hard; HIV/AIDS and other STIs are the second leading cause of death for both men and women ages 30-34.

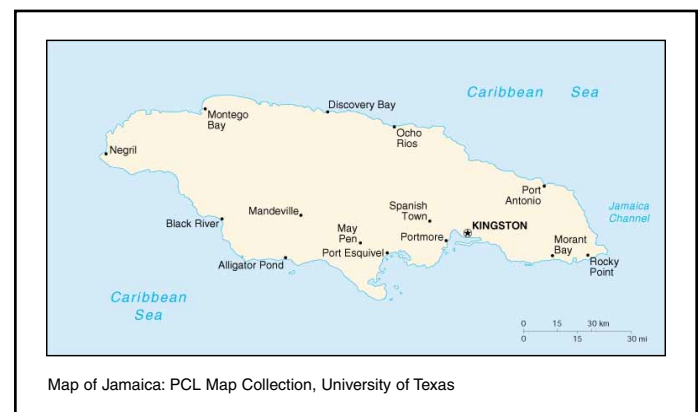
Although the male-to-female ratio of newly reported HIV cases is 1 to 1, Ministry of Health (MOH) surveillance data indicate that in 2000, adolescent females between the ages of 10 and 14 and 15 and 19 had a 2-3 times greater risk of HIV infection than boys of the same age. This is largely a result of the social practice of young girls engaging in sexual relationships with older men.

According to the MOH, for the period January to June 2001:

- 446 new AIDS cases were reported, bringing the country's cumulative total of AIDS cases to 5545;
- 255 AIDS deaths were reported, bringing cumulative total deaths to 3387;
- 37 pediatric AIDS cases were reported, bringing the cumulative total to 450; and
- An estimated 90 or more children under the age of 15 years were orphaned by the loss of a mother or both parents due to AIDS.

HIV/AIDS in Jamaica is transmitted primarily through sexual activity, but mother-to-child transmission (MTCT) is also a concern. According to MOH data presented in February 2002, of all AIDS cases reported from 1982-2000:

- 61 percent were transmitted via heterosexual contact;
- 8 percent were transmitted from mother to child;
- 6 percent were transmitted via homosexual or bisexual contact; and
- 25 percent of cases had an undetermined mode of transmission.



Seroprevalence among groups at highest risk for HIV infection were reported as follows:

- STI clinic attenders: 6 percent
- Female sex workers: 10 percent (Kingston)
20 percent (Montego Bay)
- Homo/bisexual males: 25 percent

NATIONAL RESPONSE

Jamaica's National HIV/STI Control Program (NHCP) was developed through a unique consultative process with the U.S. Agency for International Development (USAID) during development of USAID's new 5-year bilateral program. The NHCP's mission is to develop an effective national response to HIV/AIDS and STIs by forging multi-sectoral partnerships at the national and parish levels; reducing HIV/AIDS/STI incidence; and mitigating the impact of the AIDS epidemic.

Specific NHCP objectives include:

- Guiding the national HIV/AIDS/STI response;
- Promoting growth and development of the National AIDS Committee (NAC) and Parish AIDS Committees;
- Positioning the Epidemiology Unit of the Ministry of Health as the central coordinating

body for program implementation at the parish level;

- Stimulating program leadership at the parish level; and
- Encouraging HIV/AIDS/STI program workplans that reflect integrated and holistic services and approaches.

According to the MOH, national HIV/AIDS control achievements include: implementing a comprehensive national HIV/AIDS program; involving many sectors in the national program; implementing successful behavior change communication and condom promotion activities; expanding the number of STI clinics and contact investigators; improving laboratory infrastructure; and training health care staff in HIV/AIDS/STI control and management.

NGOs, including churches and civic organizations, have been actively engaged in HIV and STI prevention, care, and support programs since the beginning of Jamaica's epidemic.

USAID SUPPORT

USAID is a principal HIV/AIDS donor in Jamaica, allocating \$1.3 million to the country's HIV/AIDS programs in FY 2001. USAID supports the Jamaican MOH in implementing two programs to address HIV/AIDS: the HIV/AIDS and STI Prevention and Control Program (1998-2001) and the Adolescent Reproductive Health Project (1999-2004).

Key Population, Health, and Socioeconomic Indicators		
Population	2.6 million	U.S. Census Bureau 2001
Growth Rate	0.5%	U.S. Census Bureau 2000*
Life Expectancy	Male: 73 Female: 77	U.S. Census Bureau 2000*
Total Fertility Rate	2.1	U.S. Census Bureau 2000*
Infant Mortality Rate	15 per 1,000 live births	U.S. Census Bureau 2000*
Maternal Mortality Ratio	120 per 100,000 live births	World Bank 1990
GNP per capita (US\$)	\$2630	World Bank 2000
Public health expenditure as % GDP	3.2%	World Bank 1998
Adult Literacy (% of people 15 and above)	Male: 83.3% Female: 91%	UNESCO 2001

* From U.S. Census Bureau 2000 HIV/AIDS country profiles, which included data from U.S. Census Bureau, Population Reference Bureau, UNAIDS and WHO

Current areas of HIV/AIDS technical assistance include:

- Prevention and control of STIs to reduce STIs as a cofactor in the transmission of HIV;
- Behavior change communications centering around issues such as lack of condom use and the frequency of multiple sexual partnerships; and
- Surveillance of HIV/AIDS/STIs.

These activities are complemented by two management strengthening and organizational development interventions designed to:

- Institutionalize effective management and technical capacity within the Epidemiology Unit of the MOH; and
- Strengthen the NAC's capacity to influence policy formulation and legislation on HIV/AIDS issues in Jamaica.

USAID/JAMAICA-SUPPORTED PROGRAMS

Family Health International (FHI)/IMPACT's HIV/AIDS activities in Jamaica include technical assistance to ASHE, a creative arts NGO, to produce an educational video on pregnancy and STI/HIV/AIDS prevention. FHI also works with three local HIV/AIDS NGOs to build their organizational capacity, and has conducted an assessment of public health sector STI clinics.

Pathfinder International, in partnership with the Futures Group International, carries out activities to increase awareness of reproductive health issues among youth, including HIV/AIDS and STIs; improve capacity of organizations designing and implementing youth initiatives; and identify promising programs and policies.

OTHER U.S. SUPPORT

The U.S. **National Institutes of Health (NIH)** sponsors studies in Jamaica, Trinidad and Tobago, Panama and Costa Rica to track risk factors and cofactors of HIV infection and AIDS-related malignancies. In

addition, NIH supports AIDS-related training and infrastructure capacity building programs in the West Indies, Haiti, Barbados, the Dominican Republic, Jamaica and Trinidad and Tobago.

The U.S. **Centers for Disease Control and Prevention (CDC)** assists Jamaica's NHCP with quality control of its sentinel surveillance system.

DONOR SUPPORT

Germany is providing approximately \$680,000 from 2000 to 2003 to support the Jamaican-German AIDS project. The goal of the project is to reduce the spread of HIV/AIDS and STIs by strengthening comprehensive and integrated prevention programs at the parish level.

The **Pan American Health Organization (PAHO)** is working with the Jamaican MOH to develop a proposal to address prevention of MTCT; provide hospice care for people living with HIV/AIDS; combat stigma related to HIV/AIDS; and exchange lessons learned in HIV/AIDS.

The **United Nations Children's Fund (UNICEF)** supports the Jamaican MOH in implementing a pilot program to prevent MTCT.

CHALLENGES

According to the NHCP, Jamaica must take the following steps to strengthen its national response to the epidemic:

- Improve care and support services for persons living with HIV/AIDS;
- Combat social stigma and discrimination associated with HIV/AIDS;
- Review social policies toward marginalized groups;
- Increase voluntary counseling and testing services for target groups including antenatal clinic attenders, pregnant women, and persons with multiple partners; and
- Build capacity and leadership at the national and parish levels to effectively implement HIV/AIDS programs.

SELECTED LINKS AND CONTACTS

1. Jamaica National HIV/STD Control Programme, Ministry of Health, Epidemiology Unit, 2-4 King Street, Oceana Complex, Kingston. Tel: 967-100/1/3/5/7, Fax: 967-1280. Web site: <http://www.jamaicanap.org/>
2. PAHO Country Office: Dr. Manuel Pena, PAHO/WHO Representative, Old Oceana Building, 7th Floor, 2-4 King Street, Kingston, *or* P.O. Box 384, Cross Roads, Kingston 5. Tel: (876) 967-4626/4691 or 922-4630/4424, Fax: (876) 967-5189.
3. UNAIDS Caribbean Team: Angela Trenton-Mbonde, Team Leader, c/o UNDP, 19 Keate Street, P.O. Box 812, Port-of-Spain, Trinidad and Tobago. Tel: (868) 624-0468, Fax: (868) 623-8516.

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Please direct comments on this profile to info@synergyaids.com.

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